PART B - FEE(S) TRANSMITTAL plicable fee(s), to: Mail Complete and send this form, together wi Mail Stop ISSU Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 Fax (571) 273-2885 INSTRUCTIONS: This form should be used for transmitting the SSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders as indicated unless corrected below or directed otherwise in Block Park (a) specification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block Park (a) specifications for maintenance fee notifications. maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 11/04/2005 7590 2292 BIRCH STEWART KOLASCH & BIRCH . LLP Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. PO BOX 747 **FALLS CHURCH, VA 22040-0747** 01/26/2006 MDAMTE2 00000128 10084184 (Signature) 01 FC:1501 1400.00 OP 02 FC:1504 300.00 DP (Date 03 FC:8001 18.00 OP CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE 02/28/2002 1248-0579P 10/084,184 Masayuki Miyamoto TITLE OF INVENTION: VARIABLE GAIN AMPLIFIER **PUBLICATION FEE** ISSUE FEE TOTAL FEE(S) DUE DATE DUE APPLN. TYPE SMALL ENTITY \$300 \$1700 02/06/2006 NO \$1400 nonprovisional CLASS-SUBCLASS ART UNIT **EXAMINER** 2817 330-254000 CHOE, HENRY Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list 1 Birch, Stewart (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, Kolasch & Birch, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE SHARP KABUSHIKI KAISHA Osaka, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government 4b. Payment of Fee(s): 4a. The following fee(s) are enclosed: Issue Fee A check in the amount of the fec(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. (if necessary) Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form). Advance Order - # of Copies _

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Authorized Signature Typed or printed name ___ <u>Charles</u> Corlenstein Date January 24, 2006

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